

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known): _____

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

SEP 12 2016 - KN

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Mary

First name

BrIDGET

Middle name

McLaughlin

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Mary

First name

BrIDGET

Middle name

Dilger

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 3 4 5 6

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1 Mary Bridget McLaughlin
 First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

EIN _____

EIN _____

5. Where you live

If Debtor 2 lives at a different address:

0S510 Cornell Ave

Number Street _____

Number Street _____

Villa Park

City _____

IL

State _____

60181

ZIP Code _____

City _____ State _____ ZIP Code _____

DuPage

County _____

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street _____

Number Street _____

P.O. Box _____

P.O. Box _____

City _____

State _____

ZIP Code _____

City _____ State _____ ZIP Code _____

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1 Mary Bridget McLaughlin
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13
8. **How you will pay the fee**
- I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?**
- No
 Yes. District Northern When 07/14/2000 Case number 1031290
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- No
 Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
11. **Do you rent your residence?**
- No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Mary Bridget McLaughlin
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- No. Go to Part 4.
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number Street _____

City _____ State _____ ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street _____

City _____ State _____ ZIP Code _____

Debtor 1

Mary Bridget McLaughlin

First Name Middle Name

Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Mary Bridget McLaughlin
First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- No. Go to line 16b.
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- No. Go to line 16c.
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?

1-49 1,000-5,000 25,001-50,000
 50-99 5,001-10,000 50,001-100,000
 100-199 10,001-25,000 More than 100,000

19. How much do you estimate your assets to be worth?

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

20. How much do you estimate your liabilities to be?

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

Part 7: Sign Below

For you

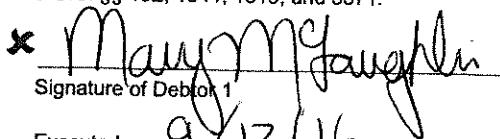
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


Signature of Debtor 1
Executed on 9/12/16
MM / DD / YYYY


Signature of Debtor 2
Executed on
MM / DD / YYYY

Debtor 1

Mary Bridget McLaughlin

First Name

Middle Name

Last Name

Case number (if known)

**For your attorney, if you are
represented by one**

**If you are not represented
by an attorney, you do not
need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1

Mary Bridget

First Name

Middle Name

McLaughlin

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

If you are represented by an attorney, you do not need to file this page.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No

Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.


Signature of Debtor 1

Date

09/12/16

MM / DD / YYYY

Contact phone 6308618842

Cell phone

6309359529

Email address

IRIS H 3467@YAHOO.COM

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:			
Debtor 1	Mary First Name	Bridget Middle Name	McLaughlin Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: N. District of ILLINOIS			
Case number (If known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$ 0
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$ 3500
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$ 3500
1c. Copy line 63, Total of all property on Schedule A/B	\$ 3500

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 20538
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 20538
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 155000
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 155000
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 24154
	\$ 199692

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	\$ 2311
Copy your combined monthly income from line 12 of Schedule I.....	\$ 2311
5. Schedule J: Your Expenses (Official Form 106J)	\$ 2340
Copy your monthly expenses from line 22c of Schedule J	\$ 2340

Debtor 1 **Mary Bridget McLaughlin** Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 3478

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 155000

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0

9d. Student loans. (Copy line 6f.) \$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 3004

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0

9g. **Total.** Add lines 9a through 9f. \$ 158004

Fill in this information to identify your case and this filing:

Debtor 1	Mary First Name	Bridget Middle Name	McLaughlin Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: N. District of ILLINOIS			
Case number _____			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1. Street address, if available, or other description

 City _____ State _____ ZIP Code _____
 County _____

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. Street address, if available, or other description

 City _____ State _____ ZIP Code _____
 County _____

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

1.3.

Street address, if available, or other description

City _____ State _____ ZIP Code _____

County _____

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ 0

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No

Yes

3.1. Make: **Lexus**
Model: **Es350**
Year: **2007**
Approximate mileage: **124400**

Other information:

2007 Lexus Es350

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 14000 \$ 100

Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

[Redacted]

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

Check if this is community property (see instructions)

Debtor 1 **Mary Bridget McLaughlin** Case number (if known) _____

First Name Middle Name

Last Name

3.3. Make: _____

Who has an interest in the property? Check one.

Model: _____

Debtor 1 only

Year: _____

Debtor 2 only

Approximate mileage: _____

Debtor 1 and Debtor 2 only

Other information:

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____

Who has an interest in the property? Check one.

Model: _____

Debtor 1 only

Year: _____

Debtor 2 only

Approximate mileage: _____

Debtor 1 and Debtor 2 only

Other information:

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

4.1. Make: _____

Who has an interest in the property? Check one.

Model: _____

Debtor 1 only

Year: _____

Debtor 2 only

Other information:

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Who has an interest in the property? Check one.

Model: _____

Debtor 1 only

Year: _____

Debtor 2 only

Other information:

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 100

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe.....

Misc Household Goods - Debtors Residence

\$ 500

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

\$ _____

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ _____

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ _____

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Misc Clothing - Debtors Residence

\$ 200

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

\$ _____

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

→ \$ 700

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

McLaughlin

Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes

Cash:

\$ _____

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes

Institution name:

17.1. Checking account:	Bank Account - Harris Bank	\$ 100
17.2. Checking account:	Savings - Great Lakes Credit Union	\$ 100
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

\$ _____ % _____ \$ _____ % _____ \$ _____

Debtor 1 Mary Bridget McLaughlin Case number (if known) _____
First Name Middle Name Last Name

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

_____ \$ _____
_____ \$ _____
_____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan:	401(k) - Debtors Employer	\$ 2500
Pension plan:	_____	\$ _____
IRA:	_____	\$ _____
Retirement account:	_____	\$ _____
Keogh:	_____	\$ _____
Additional account:	_____	\$ _____
Additional account:	_____	\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes

Institution name or individual:

Electric:	_____	\$ _____
Gas:	_____	\$ _____
Heating oil:	_____	\$ _____
Security deposit on rental unit:	_____	\$ _____
Prepaid rent:	_____	\$ _____
Telephone:	_____	\$ _____
Water:	_____	\$ _____
Rented furniture:	_____	\$ _____
Other:	_____	\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes

Issuer name and description:

_____ \$ _____
_____ \$ _____
_____ \$ _____

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them....

_____	\$ _____
-------	----------

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them....

_____	\$ _____
-------	----------

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them....

_____	\$ _____
-------	----------

Money or property owed to you?

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

28. Tax refunds owed to you

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ _____
State: \$ _____
Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information.....

_____	\$ _____
-------	----------

Debtor 1 Mary Bridget McLaughlin Case number (*if known*) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.... Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

\$ _____

35. Any financial assets you did not already list

No

Yes. Give specific information.....

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here → **\$ 2700**

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

\$ _____

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

\$

41. Inventory

No

Yes. Describe.....

\$

42. Interests in partnerships or joint ventures

No

Yes. Describe..... Name of entity:

% of ownership:

_____ %

\$

_____ %

\$

_____ %

\$

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\$

44. Any business-related property you did not already list

No

Yes. Give specific information

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

→ \$ 0

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\$

Debtor 1 **Mary Bridget McLaughlin**
 First Name Middle Name Last Name Case number (if known) _____

48. Crops—either growing or harvested

<input checked="" type="checkbox"/> No	\$ _____
<input type="checkbox"/> Yes. Give specific information.....	\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

<input checked="" type="checkbox"/> No	\$ _____
<input type="checkbox"/> Yes	\$ _____

50. Farm and fishing supplies, chemicals, and feed

<input checked="" type="checkbox"/> No	\$ _____
<input type="checkbox"/> Yes	\$ _____

51. Any farm- and commercial fishing-related property you did not already list

<input checked="" type="checkbox"/> No	\$ _____
<input type="checkbox"/> Yes. Give specific information.....	\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here → \$ **0**

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

<input checked="" type="checkbox"/> No	\$ _____
<input type="checkbox"/> Yes. Give specific information.....	\$ _____ \$ _____ \$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ **0**

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ **0**

56. Part 2: Total vehicles, line 5 \$ **100**

57. Part 3: Total personal and household items, line 15 \$ **700**

58. Part 4: Total financial assets, line 36 \$ **2700**

59. Part 5: Total business-related property, line 45 \$ **0**

60. Part 6: Total farm- and fishing-related property, line 52 \$ **0**

61. Part 7: Total other property not listed, line 54 + \$ **0**

62. Total personal property. Add lines 56 through 61. \$ **3500** Copy personal property total → + \$ **3500**

63. Total of all property on Schedule A/B. Add line 55 + line 62. \$ **3500**

Fill in this information to identify your case:			
Debtor 1	Mary First Name	Bridget Middle Name	McLaughlin Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>N.</u>		District of <u>ILLINOIS</u>	
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.
Brief description: <u>2007 Lexus Es350</u>	\$ <u>14000</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735-5/12-1001(c);</u> _____ _____
Line from <i>Schedule A/B</i> : _____			
Brief description: <u>Bank Account</u>	\$ <u>100</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735-5/12-1001(g)(4);</u> _____ _____
Line from <i>Schedule A/B</i> : _____			
Brief description: <u>Misc Clothing</u>	\$ <u>200</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>735-5/12-1001(h);</u> _____ _____
Line from <i>Schedule A/B</i> : _____			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Mary Bridget

McLaughlin
Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Line from Schedule A/B:		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Misc Household Goods	\$ 500	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(a)(b); _____ _____
Line from Schedule A/B:	401(k)	\$ 2500	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	40-5/12-1006; _____ _____
Brief description:	Savings	\$ 25	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735-5/12-1001(b); _____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				
Brief description:		\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____ _____
Line from Schedule A/B:				

Fill in this information to identify your case:		
Debtor 1	Mary	Bridget
	First Name	Middle Name
Debtor 2 (Spouse, if filing)		McLaughlin
	Last Name	
United States Bankruptcy Court for the:	N/	District of ILLINOIS
Case number (if known)		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Bridgecrest	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
-----	-------------	---	---	--	--------------------------------------

Creditor's Name
Po Box 29018
Number Street

2007 Lexus Es350

\$ 20538

\$ 14000

\$ 6538

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 07/16/2016

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Auto Loan

Last 4 digits of account number 2402

2.2	Describe the property that secures the claim:	\$ _____	\$ _____	\$ _____
-----	---	----------	----------	----------

Creditor's Name

Number Street

City State ZIP Code

Describe the property that secures the claim: _____

\$ _____

\$ _____

\$ _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 20538

Fill in this information to identify your case:		
Debtor 1	Mary	Brigid
	First Name	Middle Name
Debtor 2		McLaughlin
(Spouse, if filing)		Last Name
United States Bankruptcy Court for the:	<i>N</i> District of ILLINOIS	
Case number (if known)		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 American Education Services Priority Creditor's Name Po Box 2461 Number Street	Last 4 digits of account number 5877	\$ 155000	\$ 155000 \$ 0
	When was the debt incurred? 01/01/2000		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify School Loan			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2 Priority Creditor's Name Number Street	Last 4 digits of account number	\$	\$
	When was the debt incurred?		
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

<input type="checkbox"/>	Last 4 digits of account number _____	\$ _____	\$ _____	\$ _____
--------------------------	---------------------------------------	----------	----------	----------

Priority Creditor's Name _____

When was the debt incurred? _____

Number Street _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

City State ZIP Code _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

<input type="checkbox"/>	Last 4 digits of account number _____	\$ _____	\$ _____	\$ _____
--------------------------	---------------------------------------	----------	----------	----------

Priority Creditor's Name _____

When was the debt incurred? _____

Number Street _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

City State ZIP Code _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

<input type="checkbox"/>	Last 4 digits of account number _____	\$ _____	\$ _____	\$ _____
--------------------------	---------------------------------------	----------	----------	----------

Priority Creditor's Name _____

When was the debt incurred? _____

Number Street _____

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

City State ZIP Code _____

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify _____

Is the claim subject to offset?

- No
 Yes

Debtor 1

Mary Bridget

First Name

Middle Name

McLaughlin

Last Name

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim _____

4.1

American Coradius Internationa

Nonpriority Creditor's Name

2420 Sweet Home Road Suite 150

Number Street

Amherst NY 14228-2244

City

State

ZIP Code

Last 4 digits of account number 3917\$ 587When was the debt incurred? 01/01/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.2

Barclays Bank Delaware

Nonpriority Creditor's Name

125 South West Street

Number Street

Wilmington DE 19801

City

State

ZIP Code

Last 4 digits of account number 5420\$ 1900When was the debt incurred? 01/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.3

Blatt, Hasenmiller, Liebsker &

Nonpriority Creditor's Name

10 S. Lasalle Street Suite 2200

Number Street

Chicago IL 60603-1069

City

State

ZIP Code

Last 4 digits of account number 3298\$ 2120When was the debt incurred? 01/01/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

4.4**Blaze Mastercard**

Nonpriority Creditor's Name

Po Box 2534

Number Street

Omaha NE 68103-2534

City

State

ZIP Code

Last 4 digits of account number 4018 _____\$ 650When was the debt incurred? 1/1/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 1441 _____\$ 1312When was the debt incurred? 02/01/14

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 2731 _____\$ 623When was the debt incurred? 01/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>155000</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0</u>
6e. Total. Add lines 6a through 6d.	\$ <u>155000</u>	

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>3004</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>21150</u>
	6j. Total. Add lines 6f through 6i.	\$ <u>24154</u>

Debtor 1

Mary Bridget

First Name Middle Name

McLaughlin

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

Cbe Group

Nonpriority Creditor's Name

Po Box 480

Number Street

Waterloo IA 50704

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 5929\$ 623When was the debt incurred? 01/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.8

Chase

Nonpriority Creditor's Name

Po Box 16860

Number Street

Wilmington DE 19850-5860

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 1719\$ 1000When was the debt incurred? 01/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.9

Convergent Outsourcing Inc

Nonpriority Creditor's Name

800 Sw 39th Street Po Box 9004

Number Street

Renton WA 98057

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0874\$ 587When was the debt incurred? 01/01/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1

Mary Bridget

First Name

Middle Name

McLaughlin

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.10

Elmhurst Emergency Med Svcs

Nonpriority Creditor's Name

1165 PaySphere Circle

Number Street

Chicago IL 60674-0011

City

State

ZIP Code

Last 4 digits of account number 9654\$ 500When was the debt incurred? 02/09/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.11

Elmhurst Hospital

Nonpriority Creditor's Name

Po Box 4052

Number Street

Elmhurst IL 60197-4052

City

State

ZIP Code

Last 4 digits of account number 1175\$ 500When was the debt incurred? 02/01/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.12

Elmhurst Memorial Healthcare-e

Nonpriority Creditor's Name

Po Box 4052

Number Street

Carol Stream IL 60197-4052

City

State

ZIP Code

Last 4 digits of account number 3948\$.250When was the debt incurred? 02/14/14

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1

Mary Bridget
First Name

Middle Name

McLaughlin
Last Name

correct PDF Case number (if known) _____

Part 2:

Your NONPRIORITY Unsecured Claims – Continuation Page

Total claim

4.13

Financial Services Limited Par

Nonpriority Creditor's Name

7322 Southwest Freeway Suite 1600

Number Street

Houston TX 77074-2053

City

State

ZIP Code

Last 4 digits of account number 3438\$ 571When was the debt incurred? 01/01/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.14

Financial Services Limited Par

Nonpriority Creditor's Name

7322 Southwest Freeway Suite 1600

Number Street

Houston TX 77074-205

City

State

ZIP Code

Last 4 digits of account number 4419\$ 798When was the debt incurred? 01/01/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.15

First Source Advantage Llc

Nonpriority Creditor's Name

205 Bryant Woods South Amherst

Number Street

New York NY 14228

City

State

ZIP Code

Last 4 digits of account number 8761\$ 442When was the debt incurred? 02/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1

Mary Bridget

First Name

Middle Name

McLaughlin

Last Name

Case number (if known) _____

Part 2:**Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____ \$ 82**4.16****Gregory C Castello Do**

Nonpriority Creditor's Name

2340 S Highland Ave Suite 370

Number

Street

Lombard IL 60148-5397

City

State

ZIP Code

Last 4 digits of account number -635When was the debt incurred? 01/01/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.17**Ic System**

Nonpriority Creditor's Name

444 Highway 96 East Po Box 64378

Number

Street

St. Paul MN 55164-0379

City

State

ZIP Code

Last 4 digits of account number 1-69\$ 738When was the debt incurred? 01/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.18**Loyola Medicine**

Nonpriority Creditor's Name

Two Westbrook Corporate Center Suite 700

Number

Street

Westchester IL 60154

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

 No YesLast 4 digits of account number 6467\$.78When was the debt incurred? 05/24/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1 Mary Bridget
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

4.19**Loyola University Medical Ctr**

Nonpriority Creditor's Name

2160 S 1st Avenue

Number Street

Maywood IL 60153

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0017\$ 18When was the debt incurred? 01/02/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.20**Midamerica Orthopaedics Sc**

Nonpriority Creditor's Name

75 Remittance Drive Suite 6035

Number Street

Chicago IL 60675-6035

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 2043\$ 200When was the debt incurred? 01/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.21**Midamerica Orthopaedics Sc**

Nonpriority Creditor's Name

75 Remittance Drive, Suite 6035

Number Street

Chicago IL 60675-6035

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 5972\$ 200When was the debt incurred? 01/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1

Mary BridgetFirst Name
Middle NameMcLaughlin

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim _____

4.22

Midland Credit Management

Nonpriority Creditor's Name

2365 Northside Drive Suite 300

Number Street

San Diego CA 92108

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 0333\$ 1312When was the debt incurred? 02/03/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit

4.23

Midwest Diagnostic Pathology

Nonpriority Creditor's Name

520 E 22nd Street

Number Street

Lombard IL 60148-6110

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8605\$ 25When was the debt incurred? 02/09/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.24

Ncb Management Services Inc

Nonpriority Creditor's Name

Po Box 1099

Number Street

Langhorne PA 19047

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8650\$ 1922When was the debt incurred? 01/01/2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Debtor 1

Mary Bridget

First Name

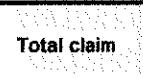
Middle Name

McLaughlin

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.			Total claim 
4.25	Phillips & Cohen Associates, L Nonpriority Creditor's Name		Last 4 digits of account number <u>4618</u> \$ <u>1744</u>
	1002 Justison Street Mail Stop 147 Number Street		When was the debt incurred? <u>01/01/2014</u>
	Wilmington DE 19801-5148 City State ZIP Code		As of the date you file, the claim is: Check all that apply.
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.26	Portfolio Recovery Assoc Nonpriority Creditor's Name		Last 4 digits of account number <u>2731</u> \$ <u>625</u>
	Po Box 12914 Number Street		When was the debt incurred? <u>01/01/2013</u>
	Norfolk VA 23541 City State ZIP Code		As of the date you file, the claim is: Check all that apply.
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.27	Rgs Collections Inc Nonpriority Creditor's Name		Last 4 digits of account number <u>8397</u> \$ <u>649</u>
	1700 Jay Eli Drive Suite 200 Number Street		When was the debt incurred? <u>01/01/2014</u>
	Richardson TX 75081 City State ZIP Code		As of the date you file, the claim is: Check all that apply.
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.28

Stogsdill Law Firm

Nonpriority Creditor's Name

1776 S. Naperville Road Suite 202, Bldg. B

Number Street

Wheaton IL 60189-5833

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number d269\$ 3004When was the debt incurred? 01/5/2016

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Attorney Fees

4.29

Summit Dermatology & Aesth Sur

Nonpriority Creditor's Name

1s210 Summit Ave

Number

Street

Oakbrook Terrace IL 60181

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 3065\$.53When was the debt incurred? 01/30/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.30

Take Care Health Systems

Nonpriority Creditor's Name

1901 E Voorhees Ms3099

Number

Street

Danville IL 61832

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 8390\$.53When was the debt incurred? 02/29/16

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31**Target Card Services**

Nonpriority Creditor's Name

Po Box 660170

Number Street

Dallas TX 75266-0170

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number 5037\$ 738When was the debt incurred? 01/01/2012

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.32**United Collection Bureau**

Nonpriority Creditor's Name

Suite 206

Number Street

Toledo OH 43614

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number Blvd\$ 250When was the debt incurred? 01/01/2014

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical

4.33

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

- No
 Yes

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Fill in this information to identify your case:			
Debtor	Mary	Bridget	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		N.	District of ILLINOIS
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____

Number Street _____

City State ZIP Code _____

2.2

Name _____

Number Street _____

City State ZIP Code _____

2.3

Name _____

Number Street _____

City State ZIP Code _____

2.4

Name _____

Number Street _____

City State ZIP Code _____

2.5

Name _____

Number Street _____

City State ZIP Code _____

Debtor 1 Mary Bridget McLaughlin
First Name Middle Name Last Name

Case number (if known) _____

Additional Page If You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

2.6

Name _____

Number Street _____

City State ZIP Code _____

2.7

Name _____

Number Street _____

City State ZIP Code _____

2.8

Name _____

Number Street _____

City State ZIP Code _____

2.9

Name _____

Number Street _____

City State ZIP Code _____

2.10

Name _____

Number Street _____

City State ZIP Code _____

2.11

Name _____

Number Street _____

City State ZIP Code _____

2.12

Name _____

Number Street _____

City State ZIP Code _____

2.13

Name _____

Number Street _____

City State ZIP Code _____

Fill in this information to identify your case:

Debtor 1	Mary	Brigid	McLaughlin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____		District of ILLINOIS	
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

Schedule D, line _____
 Schedule E/F, line _____
 Schedule G, line _____

3.1

Name _____

Number Street

City State ZIP Code

3.2

Name _____

Number Street

City State ZIP Code

3.3

Name _____

Number Street

City State ZIP Code

Debtor 1

Mary Bridget

First Name

McLaughlin

Middle Name

Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

3.

Name _____

Number Street _____

City _____ State _____ ZIP Code _____

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:			
Debtor 1	Mary First Name	Brigid Middle Name	McLaughlin Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>IL</u>		District of ILLINOIS	
Case number (if known) _____			

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1B Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Debtor 2 or non-filing spouse

- Employed
 Not employed

- Employed
 Not employed

Occupation

supervisor

Employer's name

United Parcel Service

Employer's address

120 s. Lombard Road, Addison,
Illinois 60101

Number Street

Number Street

City State ZIP Code

City State ZIP Code

How long employed there? 5.4 year

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or
non-filing spouse

2. \$ 1948

\$ _____

3. + \$ 0

+ \$ _____

4. \$ 1948

\$ _____

Debtor 1	<u>Mary Bridget</u> First Name	<u>McLaughlin</u> Middle Name	<u>Last Name</u>	Case number (if known) _____
----------	-----------------------------------	----------------------------------	------------------	------------------------------

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....		→ 4. <u>\$ 1948</u>	\$ _____
5. List all payroll deductions:			
5a.	Tax, Medicare, and Social Security deductions	5a. <u>\$ 326</u>	\$ _____
5b.	Mandatory contributions for retirement plans	5b. <u>\$ 0</u>	\$ _____
5c.	Voluntary contributions for retirement plans	5c. <u>\$ 117</u>	\$ _____
5d.	Required repayments of retirement fund loans	5d. <u>\$ 0</u>	\$ _____
5e.	Insurance	5e. <u>\$ 223</u>	\$ _____
5f.	Domestic support obligations	5f. <u>\$ 0</u>	\$ _____
5g.	Union dues	5g. <u>\$ 0</u>	\$ _____
5h.	Other deductions. Specify: <u>auto insurance</u>	5h. + <u>\$ 501</u>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.		6. <u>\$ 1167</u>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.		7. <u>\$ 781</u>	\$ _____
8. List all other income regularly received:			
8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <u>\$ 0</u>	\$ _____
8b.	Interest and dividends	8b. <u>\$ 0</u>	\$ _____
8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <u>\$ 1530</u>	\$ _____
8d.	Unemployment compensation	8d. <u>\$ 0</u>	\$ _____
8e.	Social Security	8e. <u>\$ 0</u>	\$ _____
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <u>\$ 0</u>	\$ _____
8g.	Pension or retirement income	8g. <u>\$ 0</u>	\$ _____
8h.	Other monthly income. Specify: _____	8h. + <u>\$ 0</u>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.		9. <u>\$ 1530</u>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		10. <u>\$ 2311</u>	+ \$ _____ = <u>\$ 2311</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
11. + \$ 0			
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies			
12. <u>\$ 2311</u>			
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No. _____ <input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:		
Debtor 1	Mary	Bridget
	First Name	Middle Name
Debtor 2 (Spouse, if filing)		McLaughlin
	Last Name	
United States Bankruptcy Court for the:	N	District of ILLINOIS
Case number (If known)		

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent...

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Daughter

Dependent's age

19

No
 Yes

Son

17

No
 Yes

Son

16

No
 Yes

Son

14

No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 750

4a. \$ 0

4b. \$ 0

4c. \$ 40

4d. \$ 0

Debtor 1 **Mary Bridget McLaughlin**
 First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5. Additional mortgage payments for your residence, such as home equity loans		5. \$ <u>0</u>
6. Utilities:		
6a.	Electricity, heat, natural gas	6a. \$ <u>15</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>14</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>110</u>
6d.	Other. Specify: <u>garbage</u>	6d. \$ <u>5</u>
7. Food and housekeeping supplies		7. \$ <u>575</u>
8. Childcare and children's education costs		8. \$ <u>60</u>
9. Clothing, laundry, and dry cleaning		9. \$ <u>20</u>
10. Personal care products and services		10. \$ <u>12</u>
11. Medical and dental expenses		11. \$ <u>25</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.		\$ <u>175</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books		12. \$ <u>0</u>
14. Charitable contributions and religious donations		13. \$ <u>0</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		14. \$ <u>0</u>
15a.	Life insurance	15a. \$ <u>39</u>
15b.	Health insurance	15b. \$ <u>30</u>
15c.	Vehicle insurance	15c. \$ <u>0</u>
15d.	Other insurance. Specify: _____	15d. \$ <u>0</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		16. \$ <u>0</u>
17. Installment or lease payments:		
17a.	Car payments for Vehicle 1	17a. \$ <u>470</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>0</u>
17c.	Other. Specify: _____	17c. \$ <u>0</u>
17d.	Other. Specify: _____	17d. \$ <u>0</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		18. \$ <u>0</u>
19. Other payments you make to support others who do not live with you. Specify: _____		19. \$ <u>0</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a.	Mortgages on other property	20a. \$ <u>0</u>
20b.	Real estate taxes	20b. \$ <u>0</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0</u>

Debtor 1 Mary Bridget
First Name Middle Name McLaughlin
Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0 _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 2340 _____

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2311 _____

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 2340 _____

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -29 _____

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here: _____

Fill in this information to identify your case:

Debtor 1	Mary First Name	Bridget Middle Name	McLaughlin Last Name
Debtor 2 (Spouse, if filing)	 First Name	 Middle Name	 Last Name
United States Bankruptcy Court for the:		District of ILLINOIS	
Case number (If known) _____			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

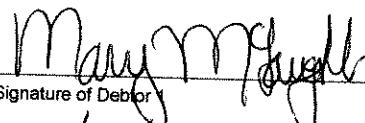
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 
Signature of Debtor 1

Date 9/12/16
MM / DD / YYYY

x _____
Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Mary	Bridget	McLaughlin
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		District of <u>ILLINOIS</u>	
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:
lived there

Dates Debtor 2
lived there

Same as Debtor 1

Number Street

From _____
To _____

Number Street

Same as Debtor 1

From _____
To _____

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 Mary Bridget
 First Name McLaughlin
 Middle Name Last Name Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, Yr 2015) YYYY

For the calendar year before that:

(January 1 to December 31, Yr 2014) YYYY

Debtor 1	Debtor 2		
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 22000	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ 0	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<input type="checkbox"/> Operating a business			
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 21750	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ 0	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<input type="checkbox"/> Operating a business			
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$ 20950	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ 0	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<input type="checkbox"/> Operating a business			

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

For last calendar year:

(January 1 to December 31, Yr 2015) YYYY

For the calendar year before that:

(January 1 to December 31, Yr 2014) YYYY

Debtor 1	Debtor 2		
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
Child Support	\$ 680		\$ 0
	\$ _____		\$ _____
	\$ _____		\$ _____
Child Support	\$ 925		\$ 0
	\$ _____		\$ _____
	\$ _____		\$ _____
Child Support	\$ 1209		\$ 0
	\$ _____		\$ _____
	\$ _____		\$ _____

Debtor 1 Mary Bridget McLaughlin Case number (if known) _____
First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				
Number Street		\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
City State ZIP Code				

Debtor 1 Mary Bridget McLaughlin Case number (if known) _____
First Name Middle Name Last Name

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Number Street		\$ _____	\$ _____	
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$ _____	\$ _____	
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1 **Mary Bridget McLaughlin**
First Name Middle Name Last Name Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title _____ _____ _____	Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number Street _____ _____ _____	City State ZIP Code _____ _____ _____
Case title _____ _____ _____	Court Name _____ _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____	Number Street _____ _____ _____	City State ZIP Code _____ _____ _____

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____ _____ _____	\$ _____	
Number Street _____ _____ _____	Explain what happened	
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
City State ZIP Code _____ _____ _____	Describe the property	Date
Creditor's Name _____ _____ _____	\$ _____	Value of the property
Number Street _____ _____ _____	Explain what happened	
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
City State ZIP Code _____ _____ _____		

Debtor 1 Mary Bridget
First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took			Date action was taken	Amount
Creditor's Name				
Number	Street			\$ _____
City	State	ZIP Code	Last 4 digits of account number: XXXX-	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Mary Bridget
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City State ZIP Code			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
			\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			\$ _____
			\$ _____
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1	Mary Bridget	McLaughlin	Case number (if known) _____																																												
First Name	Middle Name	Last Name																																													
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		_____	\$ _____																																												
City	State	ZIP Code																																													
Email or website address _____																																															
Person Who Made the Payment, if Not You _____																																															
<p>17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.</p> <table border="1"> <thead> <tr> <th colspan="2">Description and value of any property transferred</th> <th>Date payment or transfer was made</th> <th>Amount of payment</th> </tr> </thead> <tbody> <tr> <td colspan="2">Person Who Was Paid</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Number</td> <td>Street</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2"></td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> <td></td> </tr> </tbody> </table>				Description and value of any property transferred		Date payment or transfer was made	Amount of payment	Person Who Was Paid		_____	\$ _____	Number	Street	_____	\$ _____			_____	\$ _____	City	State	ZIP Code																									
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City	State	ZIP Code																																													
<p>18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill in the details.</p> <table border="1"> <thead> <tr> <th colspan="2">Description and value of property transferred</th> <th>Describe any property or payments received or debts paid in exchange</th> <th>Date transfer was made</th> </tr> </thead> <tbody> <tr> <td colspan="2">Person Who Received Transfer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number</td> <td>Street</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2"></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> <td></td> </tr> <tr> <td colspan="4">Person's relationship to you _____</td> </tr> <tr> <td colspan="2">Person Who Received Transfer</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Number</td> <td>Street</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2"></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP Code</td> <td></td> </tr> <tr> <td colspan="4">Person's relationship to you _____</td> </tr> </tbody> </table>				Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made	Person Who Received Transfer		_____	_____	Number	Street	_____	_____			_____	_____	City	State	ZIP Code		Person's relationship to you _____				Person Who Received Transfer		_____	_____	Number	Street	_____	_____			_____	_____	City	State	ZIP Code		Person's relationship to you _____			
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Person's relationship to you _____																																															

Debtor 1 Mary Bridget McLaughlin Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street	_____			
City State ZIP Code	_____			
Name of Financial Institution	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street	_____			
City State ZIP Code	_____			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name _____		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Number Street	Number Street _____		
City State ZIP Code	_____		

Debtor 1 Mary Bridget McLaughlin Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

No

Yes

Number Street

Number Street

City State ZIP Code

City _____ State _____ ZIP Code _____

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

\$ _____

Number Street

Number Street

City State ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City _____ State _____ ZIP Code _____

Debtor 1 Mary Bridget
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit _____		
Number Street	Number Street _____		
	City	State	ZIP Code
City	State	ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

	Court or agency	Nature of the case	Status of the case
Case title	Court Name _____		
	Number Street _____		
Case number	City	State	ZIP Code

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City State ZIP Code	From _____ To _____	Dates business existed
Business Name	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	EIN: _____
City State ZIP Code	From _____ To _____	Dates business existed

Debtor 1	Mary Bridget First Name	McLaughlin Middle Name	Last Name	Case number (if known)
Business Name		Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.
Number Street		Name of accountant or bookkeeper		EIN:
City _____ State _____ ZIP Code _____				Dates business existed
				From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

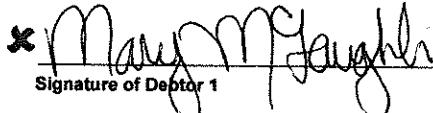
Yes. Fill in the details below.

Date issued

Name	MM / DD / YYYY
Number Street	
City _____ State _____ ZIP Code _____	

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.


Signature of Debtor 1

Date 9-12-16


Signature of Debtor 2

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

United States Bankruptcy Court
District Of ILLINOIS

IN RE. **McLaughlin, Mary**

Debtor(s).

Case No. _____

The above named Debtor(s) hereby verify that the attached list of creditors is true
and correct to the best of my/our knowledge and that it corresponds to the creditors listed
in my/our schedules.

Date: 9-12-16

Mary McLaughlin
Debtor

Joint Debtor

creditors

American Coradius Internationa
2420 Sweet Home Road
Suite 150
Amherst, NY 14228-2244

American Education Services
Po Box 2461
Harrisburg, PA 17105-2461

Barclays Bank Delaware
125 South West Street
Wilmington, DE 19801

Blatt, Hasenmiller, Liebsker &
10 S. Lasalle Street
Suite 2200
Chicago, IL 60603-1069

Blaze Mastercard
Po Box 2534
Omaha, NE 68103-2534

Blitt And Gaines, PC
661 Glenn Avenue
Wheeling, IL 60090

Bridgecrest
Po Box 29018
Phoenix, AZ 85038

Capital One Bank
Po Box 30285
Salt Lake City, UT 84130-0285

Cbe Group
Po Box 480
Waterloo, IA 50704

Chase
Po Box 16860
Wilmington, DE 19850-5860

Convergent Outsourcing Inc
800 Sw 39th Street
Po Box 9004
Renton, WA 98057

Elmhurst Emergency Med Svcs
1165 Paysphere Circle
Chicago, IL 60674-0011

creditors

Elmhurst Hospital
Po Box 4052
Elmhurst, IL 60197-4052

Elmhurst Memorial Healthcare-e
Po Box 4052
Carol Stream, IL 60197-4052

Financial Services Limited Par
7322 Southwest Freeway
Suite 1600
Houston, TX 77074-2053

Financial Services Limited Par
7322 Southwest Freeway
Suite 1600
Houston, TX 77074-205

First Source Advantage Llc
205 Bryant Woods South
Amherst
New York, NY 14228

Gregory C Castello Do
2340 S Highland Ave
Suite 370
Lombard, IL 60148-5397

Ic System
444 Highway 96 East
Po Box 64378
St. Paul, MN 55164-0379

Loyola Medicine
Two Westbrook Corporate Center
Suite 700
Westchester, IL 60154

Loyola University Medical Ctr
2160 S 1st Avenue
Maywood, IL 60153

Merrick Bank
10705 S. Jordan Gateway
Suite 200
South Jordan, UTAH 84095

Midamerica Orthopaedics Sc
75 Remittance Drive
Suite 6035
Chicago, IL 60675-6035

Midamerica Orthopaedics Sc

MID AMERICA ORTHOPAEDICS
75 Remittance Drive,
Suite 6035
Chicago, IL 60675-6035

creditors

Midland Credit Management
2365 Northside Drive
Suite 300
San Diego, CA 92108

Midwest Diagnostic Pathology
520 E 22nd Street
Lombard, IL 60148-6110

Ncb Management Services Inc
Po Box 1099
Langhorne, PA 19047

Phillips & Cohen Associates, L
1002 Justison Street
Mail Stop 147
Wilmington, DE 19801-5148

Portfolio Recovery Assoc
Po Box 12914
Norfolk, VA 23541

Rgs Collections Inc
1700 Jay Eli Drive
Suite 200
Richardson, TX 75081

Stogsdill Law Firm
1776 S. Naperville Road
Suite 202, Bldg. B
Wheaton, IL 60189-5833

Summit Dermatology & Aesth Sur
1s210 Summit Ave
Oakbrook Terrace, IL 60181

Take Care Health Systems
1901 E Voorhees
Ms3099
Danville, IL 61832

Target Card Services
Po Box 660170
Dallas, TX 75266-0170

United Collection Bureau
Suite 206
Toledo, OH 43614